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Application Number	The state of the s
Filing Date	
First Named Inventor	MARC VANDAMENT
Title	MOTORCYCLE TIE DOWN SYSTEM
Art Unit	THOTOLOGIC TER DOWN SAME
Examiner Name	
Attorney Docket Number	04-0704

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<u> </u>	LARRY MA	tson Lee	28,873					
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	phone	512-346-1277	Fax	512-346.	-2151			
I am the:	pplicant/Inventor.							
		he entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB/s	96) ·					
SIGNATURE of Applicant or Assignee of Record								
Nome								
Signature	MARC	VANDAMENT						
Date	73/2	7/2004		Telephone 6	7.401-0777			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple								
forms if more than one signature is required, see below*.								
*Total of forms are submitted.								

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Attorney Docket Number

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DECLARATION	=	First Nam	ed Inventor	44.00	5-07				
DESIGN				MAK	C VANDAM	ENT			
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Declaration	Declara		e						
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Filing	R 1.16 (e)) Examiner	Name		· · · · · · · · · · · · · · · · · · ·	$\overline{}$				
I hereby declare that:									
Each inventor's residence, ma	iling address, a	nd citizenship are as stated	below next to	their name.					
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I believe the inventor(s) name which a patent is sought on the			s) of the subje	ct matter wh	ich is claimed and	for			
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		(Title of the Invention	)		· · · · · ·				
the specification of which									
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inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one									
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[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number:				OR	X	Corresp	ondence a	ddress below
Name	LARR	y MA	SON	Lee						
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:			atition b	e he	on filed	for this	uneian	ed inventor	
Given Name	<del></del>	<u>L</u>		Cadonia		amily N		s urraigr	ied inventor	******
(first and middle [if any]) MARC ERIC					or Surname VANDAMENT Date 03/23/200				<b>レ</b> ア	
Inventor's Signature									Date	
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]) SUSAN ALEWE  Family Name or Surname VAWDA MENT										
	AN AL	ENE				Cuman	V	4ND)	9 MCV Date	<u> </u>
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Additional inventors or a legal re	oresentative are bei	ng named on th	ne s	upplement	al shee	et(s) PTO	/SB/02A	or 02LR a	ttached hereto	